

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043737

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 444 Primary Registration District No. 4234 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>IRON TON</u>		c. CITY OR TOWN <u>MINERAL POINT</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>RT 1</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>KENNETH RAY MEARSEAL</u>			4. DATE OF DEATH Month Day Year <u>Nov 3 1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WH.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 2 63</u>	9. AGE (last birthday) Months Days Hours Min. <u>32</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>IRON TON, MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>JEROME MEARSEAL</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA BOYER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT Address <u>RT 1 MO.</u> <u>JEROME MEARSEAL MINERAL POINT</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aspiration of milk</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <u>Nov 3, 1963</u> to <u>Nov 3, 1963</u> and last saw him alive on <u>Nov 3, 1963</u> . Death occurred at <u>11:55 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Ben M. Bull, M.D.</u>	22b. ADDRESS <u>Iron ton, Mo.</u>	22c. DATE SIGNED <u>11-4-63.</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>NOV 3 63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. James</u>	23d. LOCATION (City, town, or county) (State) <u>Potosi MO</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Gum + son Potosi MO</u>	25. DATE RECD. BY LOCAL REG. <u>11-5-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	1 0472	2 1100	3	4 0	5 0	6	7 0	8 2	9 219	10 46	11 110	12 1-0	13 1-1
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, (or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William H. Gurn

Licensed Embalmer No.

5155

P. O. Address

Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.